

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 156

Registered No. 287

1. PLACE OF BIRTH

County Graham

State Arizona

District or Township Safford

or Village Safford

City Safford

No. 1 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child

Heubbard

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

Boy

4. Twin, triplet or other

5. No. in order of birth 5

6. Legitimate?

yes

7. Date

of birth 11-18-31
Month Day Year

8.

FATHER

Full name Emory Hubbard

14.

MOTHER

Full maiden name Audrey Taylor

9. Residence

(Usual place of abode)

If non-resident, give place and state. Saf

15. Residence

(Usual place of abode)

If non-resident, give place and state. Saf

10. Color or race

White

11. Age at last birthday 33 (Years)

16. Color or race

White

17. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country) Ariz

18. Birthplace (city or place)

(State or country) Ariz

13. Occupation

Nature of industry Farmer

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

5

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living

3

(b) Born alive but now dead

2

(c) Stillborn

2

21. Were precautions taken against ophthalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5 a m. on the date above stated.

(Born alive or stillborn)

Signature N. E. Platt

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from 084-1118-139
a supplemental report

Month, day, year

Address

Filed Dec 18/31 1931

Registrar

Registrar